

Dr A. P. Harris & Partners

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out a comprehensive inspection of Dr A. P. Harris & Partners on 1 December 2014. The overall rating was good.

We carried out a focused inspection of Dr A. P. Harris & Partners on 13 October 2016, in response to some concerns we received. We reviewed the practice against one of the five questions we ask about services: is the service responsive. The overall rating was good.

Our key findings were as follows:

- The practice were adopting new ways of working to ensure the services are responsive to people's needs. For example, they were working with a local healthcare group on a national project designed to bring clinical pharmacists into the general practice workforce.
- Key changes were being made to how the services were delivered to enable patients to access care and treatment when they need it. For example, a new appointment system was introduced in May 2016 based on clinical need.
- The practice had responded to concerns received as a result of the changes to the appointment system, and was continually reviewing and adapting the system in response to patients' needs.

- Essential changes were being made to the practice's dispensary service to improve patient access to their medicines and advice, and reduce workload pressures on the GPs and reception staff.
- The staffing levels and skill mix had increased to support the above changes and restructuring of the services.
- Most patients we spoke with felt that the staff were responsive to their needs and requests for advice, and were satisfied with the care and treatment they received.
- Patients experiences in obtaining an appointment or telephone consultation when needed, and getting through to the practice on the phone varied. Some patients had experienced no problems whilst others had.
- We found that the triage and appointment system was flexible and responsive to patients needs.
- Concerns and complaints were listened to and acted on to ensure that appropriate learning and improvements had taken place.
- The practice implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group (PPG).

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

- The practice were adopting new ways of working to ensure the services are responsive to people's needs.
- Key changes were being made to how the services were delivered to enable patients to access care and treatment when they need it. For example, a new appointment system was introduced in May 2016 based on clinical need.
- The practice was continually reviewing and adapting the appointment system in response to patients' needs.
- Essential changes were being made to the practice's dispensary service to improve patient access to their medicines and advice, and reduce workload pressures on the GPs and reception staff.
- The staffing levels and skill mix had increased to support the above changes and restructuring of the services.
- Most patients we spoke with felt that the staff were responsive to their needs and requests for advice, and were satisfied with the care and treatment they received.
- Concerns and complaints were listened to and acted on to ensure that appropriate learning and improvements had taken place.
- The practice implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group (PPG).

Good



Summary of findings

What people who use the service say

We spoke with 10 patients during our inspection;

- Nine out of ten patients felt that the staff were responsive to their needs and requests for advice and treatment. They were also satisfied with the care and treatment they received.
- Patients experiences in getting an appointment or telephone consultation when needed, and getting through to the practice on the phone varied. Some patients had experienced no problems whilst others had.
- Six patients told us that appointments mostly ran to time, whilst four patients had experienced considerable delays at times.
- Patients generally had no problems in obtaining their medicines and repeat prescriptions.
- Most patients felt the staff were polite and helpful, whilst two patients felt that the attitude and manner of certain individual staff could be better.
- People found the premises welcoming, clean and accessible.
- We also spoke with three members of the patient participation group (PPG). They told us they felt supported in their role to represent the views of patients to ensure the services are responsive. For example, in response to feedback from patients and the PPG the practice had changed the appointment system and made improvements to the telephone system. They also said that they were happy with the care and service they received as patients.
- Five people had completed a review of the practice on NHS Choices in the last 12 months regarding access to the service. Two positive comments related to advice, treatment and access to appointments, whilst three negative comments related to access to the telephone and appointments. We also received five similar comments from Healthwatch Derby.

The practice and the PPG carried out a patient satisfaction survey in 2015/2016. 42 surveys were completed. The results showed that:

- Most people were satisfied with the treatment and service they received.
- 67% found it easy to get an appointment when needed.

The national GP patient survey results were published in July 2016. A total of 120 people returned the survey, which was a 50% completion rate of those invited to participate. Some satisfaction scores relating to access to the services were in line with local and national averages, whilst some were below these. For example;

- 70% of patients said they were satisfied with the practice's opening hours (CCG average 77%, national average of 76%).
- 61% patients said they found it easy to get through to the surgery by phone (CCG average 72%, national average 73 %).
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 93% of patients said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 56% feel they don't normally have to wait too long to be seen (CCG average 62%, national average 58%).
- 98% had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 91% described their overall experience of this surgery as good (CCG average 87%, national average 85%).

Dr A. P. Harris & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Dr A. P. Harris & Partners

Dr A. P. Harris & Partners provides primary medical services to 10,568 patients, and is run by a partnership of six GP partners. The main practice is known as Alvaston Medical Centre, which is located in Alvaston in Derby, with a branch surgery at Aston-on-Trent 4.5 miles away. Patients can attend either practice. The practice population are predominantly of white British background.

The practice holds the General Medical Services (GMS) contract to deliver essential primary care services. Dr A. P. Harris & Partners is a dispensing practice, which dispenses medicines to registered patients living in Shardlow, Aston-on-Trent and Weston-on-Trent. We did not inspect the dispensary service as part of this inspection.

The premises have been converted and extended to a GP Surgery. The services for patients are on one level and provide good access.

The practice team includes receptionists, administrative and dispensary staff, a practice manager, finance and business manager, dispensary manager, reception

supervisors, one nurse practitioner, four practice nurses, a health care assistant, one reception apprentice, two salaried GPs and six GP partners (six female and two male). A number of the staff work across the two surgeries.

Dr A. P. Harris & Partners is an established training practice for GP registrars, foundation doctors and medical students. One registrar was working at the practice.

The main practice is open between 8am and 6.30pm Monday to Friday. Appointments times are flexible but are mostly available from 8.15am to 11.30am and 2pm to 6.30pm daily. Extended hours surgeries are available on Tuesday and Thursday evening until 8pm.

The branch surgery is open from 8am to 11.30am Monday to Friday. Appointments times are from 8.15am to 11.15am.

The practice does not provide out-of-hours services to the patients registered there. When the practice is closed an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

Why we carried out this inspection

We undertook a focused inspection of on 13 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in response to some concerns we received about the practice. We reviewed the practice against one of the five questions we ask about services: is the service responsive.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed various information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 13 October 2016. During our inspection we:

Spoke with a range of staff including the finance and business manager, a nurse practitioner, a practice nurse, the dispensary manager and dispensary staff, two GP partners, reception and administrative staff.

We also spoke with 10 patients who used the service, and three members of the patient participation group (PPG).

Observed how patients were being cared for and talked with carers and/or family members.

Reviewed an anonymised sample of the personal care or treatment records of patients.

Obtained feedback from the three main care homes the practice is aligned to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Our key findings were as follows:

People's needs were central to the planning and delivery of services. The services were planned with involvement of other organisations and the local community.

The practice was part of a collaborative working group with eight local GP practices, looking at ways to improve partnership working and services for patients. A pilot project in the New Year was looking at ways to further develop the community matron and care-coordinator's role, in supporting the most vulnerable patients and those with complex needs to prevent unplanned hospital admissions.

The practice team were adopting new ways of working to ensure the services are responsive to peoples' needs. For example, they were working with a healthcare group and two local practices on a national project designed to bring clinical pharmacists into the general practice workforce. This will help improve health outcomes for patients, and reduce workload pressures to enable the GPs to focus their skills where they are most needed.

The practice was taking on a pharmacist to work two days a week at the surgery. Initially they will complete medication reviews, with a view to extending their role to include prescribing.

Key changes were being made to how the services were delivered to enable patients to access the care and treatment they need. For example, a new appointment system was introduced in May 2016 based on clinical need. This included triage assessment and improved access to same day appointments for urgent medical needs.

The practice had responded to concerns received as a result of the changes to the appointment system, and was continually reviewing and adapting the system in response to patients needs.

Essential changes were being made to the practice's dispensary service to enable all prescriptions and services to be undertaken by the dispensary team. There were also plans to streamline all repeat prescriptions to a 28 day

supply. The main dispensary opening hours were extending to 8.30am to 6pm (closed from 1pm to 2pm) Monday to Friday, with a qualified member of the dispensary team on duty.

The above changes will improve patient access to their medicines and advice, and reduce workload pressures on the GPs and reception staff.

The staffing levels and skill mix had increased to support the above changes and restructuring of the services. Additional new posts included a dispensary manager, a senior dispenser, an advanced clinical practitioner and a salaried GP. The new positions will provide additional support on days where the demands on the service are higher including Monday and Fridays.

Due to circumstances the advanced clinical practitioner was leaving their post. The practice was advertising for a nurse practitioner to replace the position.

The three main care homes aligned to the practice had a named GP who carried out weekly structured visits, which was above the contract agreement to provide a monthly ward round. We obtained feedback from the above care homes. Staff told us that the practice was very responsive to patients' needs, including requests for urgent visits. The active involvement and support of the named GP ensured effective communication, continuity of care and that patients were regularly reviewed.

Robust systems were in place to ensure that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Records we looked at generally showed that patient referral letters were promptly sent.

The practice implemented improvements and changed the way it delivered services, as a result of feedback from patients and the patient participation group (PPG). For example, in response to concerns about having to queue at reception to check in, the practice and the PPG had spent time showing patients how to use the electronic check in facility. Staff confirmed that 80% of patients now used this facility compared to the previous six months. The electronic system also helped to maintain patient confidentiality and identity.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

- The main practice was open between 8am and 6.30pm Monday to Friday. The branch surgery was open from 8am to 11.30am Monday to Friday.
- In response to feedback from patients about the cost of calls and difficulty in accessing the surgery by phone, the practice had replaced the 0845 number with local numbers and provided an additional number and phone lines. The practice was also re-negotiating the phone contract to provide a couple more lines and go onto a queuing system, to inform patients where their call is placed in the queue.
- The phone lines were restricted between 1pm and 2pm except for the emergency line. The website informed patients of the restricted cover at lunchtime, although information was not available in the reception or waiting areas.
- Appointments times at the main surgery were mostly from 8.15am to 11.30am and 2pm to 6.30pm daily. Extended hour surgeries were available up to 8 pm on Tuesday and Thursday evenings. Appointments times at the branch surgery were from 8.15 to 11.15am.
- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly. Home visits were available for patients who required these.
- The number of patients registered with the practice had remained relatively stable, although the demand for appointments had increased. Data from April 2015 to 1 March 2016 showed that the number of appointments had increased by 1,930 compared to the previous year.
- The new triage system enabled patients to speak to a clinician between 8am and 6.30pm Monday to Friday. The practice had also provided more pre-bookable appointments for non-urgent issues. Prior to March 2016 the practice had around 172 pre-bookable appointments a week, which had increased to in the region of 600 a week. Patients also had access to telephone consultations for advice, test results, treatment, and health reviews.
- We found that the triage and appointment system was flexible and responsive to patients needs. For example, on the day of our visit the triage list was full and all appointments were booked. However, additional

patients required urgent assessment or treatment were added to the triage list and were seen where needed.

Any cancelled appointments were offered to other patients.

- During our visit various patients phoned or visited the practice for advice about their medicines or health needs. We observed that the reception and administrative staff sought clinical advice in response to queries from patients.
- The practice and the PPG had worked together to help reduce the number of patients who failed to attend or cancel an appointment. Data showed that the number of patients who had not attended an appointment had reduced by 364 compared to the previous year.
- The premises were on one level and provided good access for patients. However, the practice had limited space and facilities to meet the demands on the service. The GP partners were looking at options to support the future needs of the service.

Listening and learning from concerns and complaints

There was a culture of openness and people were encouraged to raise concerns.

Most patients we spoke with said they felt listened to and were able to raise concerns about the practice as the staff were approachable.

The practice had received some concerns about the attitude and conduct of certain individual staff. Records showed that concerns and complaints relating to staff conduct were listened to and acted on. The business manager planned to provide further customer service training for staff.

We saw that information was available to help patients understand the complaints system, in the form of a complaints and comments leaflet.

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

The business manager had recently taken over responsibility for handling complaints in the practice, with one of the GP partners.

Are services responsive to people's needs?

(for example, to feedback?)

We checked various records of complaints received in the last 12 months; these generally showed that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy.

The practice had received an increased number of complaints in the last six months, mostly in response to changes to the appointment system.

Records showed that concerns and complaints were listened to and acted on to ensure that appropriate learning and improvements were made to the quality of care and services. Patients also received an apology when mistakes occurred.

The learning points from complaints received, were shared with the staff team. However, records were not available to

show there was an active review of all complaints as to how they were managed and responded to, which looked at patterns and trends and the number of complaints upheld. The business manager had recently put all complaints onto Intradoc, an electronic management and information system, which will enable senior managers to effectively monitor and review complaints, identify themes and the numbers upheld.

Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology when mistakes occurred. Where possible, concerns were dealt with on an informal basis and promptly resolved. Records we looked at supported this.